

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/538041
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	(1)					
14		1				
15		1				
16	3					
17	(5)					
18	(9)					
19	(3)					
20	1					
21		1				
22		2				
23		2				
24		2				
25	(2)					
26	2					
27	2					
28	3					
29	(3)					
30						
31						
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47						
48						
49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	45	←		←		←
TOTAL CLAIMS	47	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████████	████████	████████	████████	████████

6x3 = 18
6x2 = 12
1x5 = 5
+ 47